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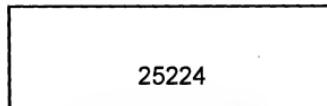
PTO/SB/05 (1-00)

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UTILITY PATENT APPLICATION TRANSMITTAL	
(Only for new nonprovisional applications under 37 CFR 1.53(b))	
CERTIFICATE OF MAILING BY "EXPRESS MAIL"	
Express Mail Label No.: EV147810445US	
Date of Deposit: July 24, 2003	
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.	
	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification (please refer to Amendment set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing, if any - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if any) - Detailed Description - Claim(s) - Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 7] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]	
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attesting to deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
18. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Priority application information: Examiner _____ Group / Art Unit: _____	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
19. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)	
25224	
Name <input checked="" type="checkbox"/> Customer Number or Bar Code Label	
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Registration No. (Attorney/Agent) 28,600	
Signature 	
Date July 24, 2003	

FEES TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

 Applicant Claims Small Entity Status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Complaint if Known	
Application Number	Not yet assigned
Filing Date	Concurrently herewith
First Named Inventor	Katsushi OSAKABE
Examiner Name	Not yet assigned
Group Art Unit	Not yet assigned
Attorney Docket No	393032039700

METHOD OF PAYMENT

FEE CALCULATION (continued)

 Check Credit Card Money Order OtherDeposit Account Number
03-1952Deposit Account Name
Morrison & Foerster LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required Under 37 CFR 1.16 and 1.17
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fees Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	160
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)		(\$1750.00)	

2. EXTRA CLAIM FEES

Large Entity	Small Entity	Fee from below	Fee Paid
Total Claims	18	-20 =	0
Independent Claims	6	-3 =	3
Multiple Dependent			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	16	2202	9
1201	84	2201	42
1203	260	2203	140
1204	84	2204	42
1205	16	2205	9
SUBTOTAL (2)		(\$125.00)	

** or number previously paid, if greater; For Reissues, see above.

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fees Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1610	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$40.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	David L. Fehman	Registration No. (Attorney/Agent)	28,600	Telephone (213) 892-5601
Signature			Date	July 24, 2003

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